

# Instructions for properly completing a Certification Memo

## Submitter's Information

Mark the appropriate priority box. (additional Expedited Cost)

Fees:	Priority 1 (One hr) -	\$1000.00
	Priority 2 (Two hr) -	\$ 500.00
	Priority 3 (Same Day) -	Varies – Please contact our Office
	Priority 4 (24 hour) -	Varies – Please contact our Office

## Submitter's Information

1. Completely fill out your individual or business/firm name and complete address. The attention line needs to be completed if a business or firm name is listed.
2. The account number is only to be completed by entities that have an existing Depository account with the Division of Corporations. Please ignore this field if you do not have a Depository account.

## Certification Request Information

Complete the name of the entity and the entity File number. If you do not have the file number, you may leave it blank.

## Method of Return Information

All documents are returned Regular Mail unless otherwise specified. Please mark the appropriate method of return. The Division of Corporations can express mail using Fed-X, UPS, DHL or Airborne.

## Credit Card Information

All credit card information must be completed. If the credit card information is not the same as it is listed with the submitter's information, then please specify the correct information in the comments/filings instruction area on the bottom right hand side of the memo. You must also include your 3-4 digit security code on the back of the card.

Please contact our office at 302-739-3073 with any questions or for verification of fees.

# State of Delaware - Division of Corporations

## CERTIFICATION SHEET - Fax# 302-739-3812

☐

Priority 1  
(One Hr)

☐

Priority 2  
(Two Hr)

☐

Priority 3  
(Same Day)

☐

Priority 4  
(24 Hour)

☐

Priority 7  
(Reg. Work)

### **SUBMITTER'S INFORMATION**

Company/Firm or  
Individual's Name \_\_\_\_\_

Return Address \_\_\_\_\_

City - State - Zip \_\_\_\_\_

Attention: \_\_\_\_\_

Phone# \_\_\_\_\_ Fax# \_\_\_\_\_

E-mail address \_\_\_\_\_

Account Number \_\_\_\_\_

### **DO NOT WRITE IN THIS SPACE**

### **CERTIFICATION REQUEST INFORMATION**

Name of Company/Entity \_\_\_\_\_

File Number \_\_\_\_\_

### **Type of Certificate Requested**

\_\_\_\_\_ Certified Copy of All Charter Documents

\_\_\_\_\_ Certified Copy of Charter Documents, Restated Forward

\_\_\_\_\_ Certified Copy Filed on \_\_\_\_\_

\_\_\_\_\_ Short Form Good Standing (check if additional language req.)

\_\_\_\_\_ Tax reports filed

\_\_\_\_\_ Taxes paid to date

\_\_\_\_\_ No taxes assessed

\_\_\_\_\_ Long Form Good Standing (check if additional language req.)

\_\_\_\_\_ Tax reports filed

\_\_\_\_\_ Taxes paid to date

\_\_\_\_\_ No taxes assessed

\_\_\_\_\_ Certificate in RE: \_\_\_\_\_

(Type of Cert.)

\_\_\_\_\_ Apostille - Country \_\_\_\_\_

\_\_\_\_\_ Other \_\_\_\_\_

Check # \_\_\_\_\_ Total \$ Enclosed \_\_\_\_\_

### **METHOD OF RETURN**

\_\_\_\_\_ Messenger/Pick up

\_\_\_\_\_ Express Mail

\_\_\_\_\_ Acct# \_\_\_\_\_

\_\_\_\_\_ Regular Mail

\_\_\_\_\_ Other \_\_\_\_\_

### **COMMENTS/FILING INSTRUCTIONS**

### **CREDIT CARD INFORMATION**

(Visa, MasterCard or Discover Card Only)

CC# \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Expiration Date - \_\_\_\_\_ / \_\_\_\_\_

Security Code \_\_\_\_\_

### **INSTRUCTIONS**

1. Visit [corp.delaware.gov/cvrmemo.shtml](http://corp.delaware.gov/cvrmemo.shtml) for complete instructions on how to properly complete this memo.
2. Fully shade in the required Priority Square using a dark pencil or marker, staying within the square.